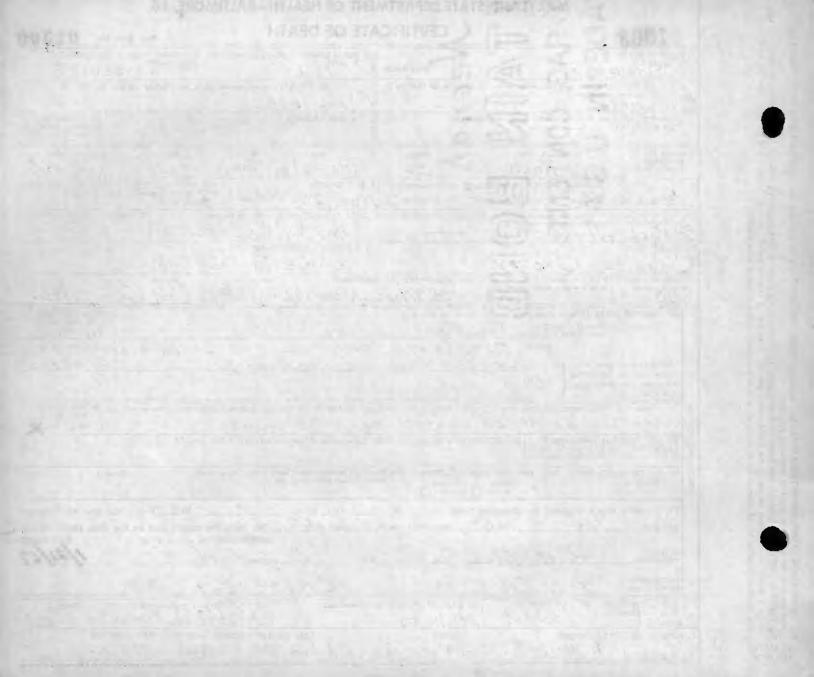
Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH CERTIFICATE OF 01299 01302 death. Surs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) and completely filled in by the funeral remove carbon popers. Pages 1 and PLACE OF DEATH o. STATE Maryland b. COUNTY o. COUNTY Somerset Somerset MARYLAND please remove carbon popers. Poges 1 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Champ e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) executed within 24 YES IND 3. NAME OF Middle 4. DATE Doy Year First Lost DECEASED 19 67 Bloodsworth January Herman DEATH (Type or print) IF UNDER 24 HRS. AGE (In years S. SEX 7. MARRIED NEVER MARRIED 6. COLOR OR RACE birthdoy) Months Doys Hours white Nov. male WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR requires that the deoth certificate be during most of working life, even if retired) physicion Somerset Co., Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the ottending phys removol. Cora Shores James Bloodsworth 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 6 Mrs.Lillian Bloodsworth, Champ. cremotion. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p nd strang beath PART 1. DEATH WAS CAUSED BY infarction Myocardial IMMEDIATE CAUSE (o) physician DUE TO arteriosclerosis Conditions, if any, which gove coronary vears rise to immediate cause (a), DUE TO stoting the underlying couse the haspital or ottending this certificate has been os the lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Heolth NO K 핟 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detorhed (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INHURY OCCURRED foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram. to 1-11-0 be retained and that death accurred at 2:30 MM from causes and on the date stated above. saw the deceased alive an TO FUNERAL DIRECTOR: 22b. DATE SIGNED 220. SIGNATURE PHYS. DIRECTOR , page 3 22d. ADDRESS 22 PHYSICIAN'S NAME (Type) Everett SutterMD Quarter. Dames director, should ! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF (County) Mt. Vernon, Somerset Co. 14/1967 Grace Episcopal 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS Princess Anne, Md BATE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

John West Str. All graduates discovationals 60 1-100 A. You . C.O. Cher Service, D. Jenterski . He along more to the con-E P g X Just to design formation in the Market in the Market in the 7.50 Like William Beechtag

		ARTMENT OF HEALTH—BALTIA RFICATE OF DEATH	NORE, 18			
M)	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased live	Reg. Dist. No. 0130  ed. If institution: Residence before admission)			
	Joinerael	CLAND O. STATE	6. COUNTY Jomenset			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pegrest lown)	IN 1b C. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)			
00	d. NAME of HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print) Rosa E.	Gerald 4. DATE OF DEATH	Jan 19 1967			
	5. SEX_ 6. COLOR OR PACE 7. MARRIED NEVER MARR	11 125 1011	GE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS birthdoy)   Months Doys Hours Min.			
	10c. USUAL OCCUPATION (Give kild of work done 10b. KIND OF BUSINESS of during most of working life, eyen if retired)  SCALOL WOYKE'T	PRINDUSTRY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTER			
	Charles Brown	Henrietta E	Brown			
0	TS. WAS DECEASED EVER IN U. S. ARMED FORCES?  (You, np. or unknown)  (If yes, give wor or dates of service)  2/3 -/0-237	1 Leon Gerald - Ptliffy	96 Cris field, Md.			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Topic My	residition	INTERVAL BETWEEN ONSET AND DEATH			
	1992 DUE TO METASTAT		LIVER AND KNOWA			
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.	IMARY UHKNOWN)	d WEEKS			
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE HYPERTEN SIVE ARTERIOSCLERO  200. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	DIDITION GIVEN IN PART I(a) 19. WAS AUTOFSY PERFORMED? YES NO 12			
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CIFE EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)					
	OCCURRED  Hour a. m.  p. m.  19  Value Of INJURY Month, Day, Year 20d. INJURY OCCURRED  While Not while at work at work at work	20e. PLACE OF INJURY (Home, form, 20f. (City or 1 foctory, street, office bldg., etc.)	(County) (State			
	21. I certify that I attended the deceased from	death occurred at 5 7. M, from th	, 19_6 Z, that I last saw the deceas			
	ACTUAL ON BOOM	ADDRESS (Street,	city or lown, state)  DATE SIGN			
1	PHYSICIAN'S A.N. BARR. M.D.	M.D. Confield	7 NA D			
1		ETERY-OR CREMATORY 22d LOCATION	(State)			
0	BUNIZI 22/67 HSDILY 23-EUNIERAL DIRECTOR'S SIGNATURE A ADDRESS C	240. REC'D BY REGISTRAN	1eld, Dom. Co. 11d			
171	Chestan Hillar # 235 // winn	Star, Md DATE JAN 24	1007 Mlando 0			



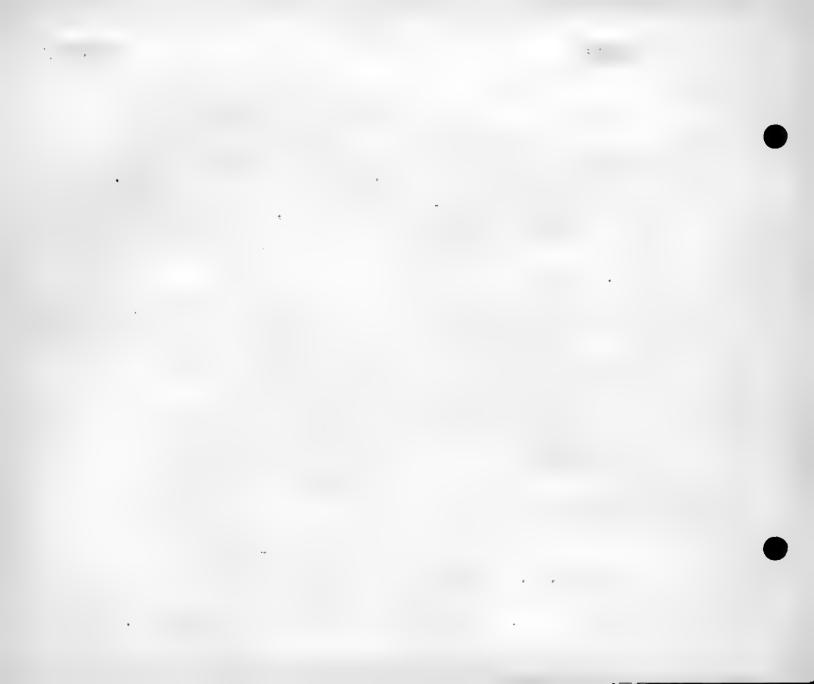
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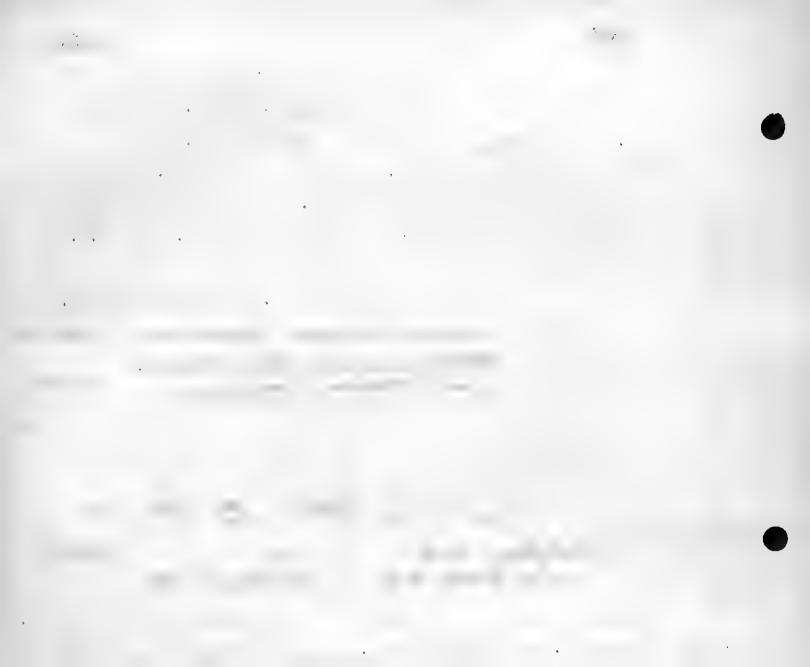
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01305 CERTIFICATE OF DEATH 01302 be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY Maryland Somerset Somerset MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town mr. inen pieose remove carbon papers. Paç ar removal, and in any event, within 72 hours 15 Westover e. IS RESIDENCE d. STREET ADDRESS = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? filled McCready Memorial Hospital NO T YES NAME OF Middle Lost 4. DATE Month Year completely OF DEATH DECEASED Keyser 1967 Andrew Jan. Arthur (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Hours Male White May 5, 1902 WIDOWED DIVORCED ottending physician and permit. Then please rem 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY noruma Sa Farming 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO signed by the ottendin buriol-transit permit. ATTENDING PHYSICIAN: The low requires that the death (Yes no, or unknown) (If yes give wor or dates of service) Mrs. Betty Windsor, Crisfield, Md. 213-14-1571 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), DUE TO far use as the t stating the underlying couse ifter this certificate has been be detached far use as the State Dept. of Health priar ta WAS AUTOPS? PERFORMED? RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While Hour o.m. at work at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram //- 3 66 ... 19 , to 1 - 4 1967, that (1) (we) la be retained 19 67, and that death accurred at 77 . M; from causes and an the date stated above saw the deceased alive on Tan-22b. DATE SIGNED 220. SIGNATURE ATTENDING DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Coulbourn, M. D. Crisfield, Maryland NAME (Type) 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) Crisfield, Md. Bur (Specify) Jan. 7. 1967 Mariners Cemetery 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.

Sale Land MESCA TO THE PERSON China Ch. W. T. VIII Ĭ 5017 1 01 per la per in Delining (models (177 - 277 - 777) = 7477) The Market State of the Control of t . a data Pining Chromical Application | West of the Control of the and the same of the same of

1 (M	It	ems 18-2	Tivision of STATIST	85 2-1	NARYLAND S	ORDS, 30	PARTMENT OF W. PRESTON ST	HEALTH REET, BALTIMO	RE, MARYLAN	ND 21201	
FOR STATE		01306					CERTIFICATE			01303	
HEALTH DEPT.		PLACE OF DEATH o. COUNTY	Somer	eat	N	ARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceosed li		Residence before	
y delay is and 3 ta PM3. Page artment of fiter death.		write RURAL and	outside corporate limits give nearest tawn) POCOMOKE	5,	Lifet	Y IN 1b	c. CITY OR TOWN (If	outside corporate lir		and give nearest	town)
0.0	7	d. NAME OF HOSPITA	L DR INSTITUTION (If no	of in haspital, g	ive street oddress)	Tille	d. STREET ADDRESS			e	IS RESIDENCE ON A FARM? 'ES ND
after death. If a Sive Pages 1, and with farm with the State De within 72 haurs		NAME OF DECEASED (Type or print)	Fir JES		Middle	ERT	LEE RFD #1	BOX 10	Month Jan.	Doy	Year
3 3	5.	SEX Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MAR	RIED X	8. DATE OF BIRTH	9. AG	E (In years III		IF UNDER 24 HRS. Hours Min.
Hem I office	10a	. USUAL OCCUPATION ing most of working li	(Give kind of work done te, even if retired)	10b. KI	ND OF BUSINESS OF DUSTRY		11. BIRTHPLACE (Sto			12. CITIZEN OF COUNTRY 2	WHAT
a within 24 n pencil in Examiner's Examiner's File pages 1 and in any	13.	FATHER'S NAME		1 1	arming		14. MOTHER'S MAIDE	N NAME		0.032	
executed with a moding" in per Medical Exar permit. File emaval, and	IS.	es, no, ar unknown) (	IN U.S. ARMED FORCES? If yes give wor or dotes of	of service) 16. !	SOCIAL SECURITY NO		Nellie NFORMANT Ellie Ker		MAD	#1, Bo	x 102
ind "pending" in Chief Medical E fransit permit. In, ar remaval, on,		18. CAUSE OF DEA	ATH (Enter only ane cause WAS CAUSED BY:		(a), (b), ond (c).) Acute al			bey bee	Pocc		RVAL BETWEEN ET AND DEATH
should be e ne ward "per a the Chief I burial-transit matian, ar re		3220 Conditions, if ony,	IMMEDIATE CAUSE   DUE which gove )	(0)							* * * · · · · · · · · · · · · · · · · ·
certificate should writing the ward rwarded ta the CI ised as a burial-tri burial, cremation,		rise to immediate stating the under last.	ying couse DUE								
INER: This certificate should e certificate, writing the ward should be farwarded to the Ciles. Ifiles. 3 should be used as a burial-transmit, priar to burial, cremation,	TION	PART II. OTHER SIG	NIFICANT CONDITIONS CO		O DEATH BUT NOT	RELATED TO 1	THE TERMINAL DISEASE (	ONDITION GIVEN IN	PART 1(o)	19. 1	WAS AUTOPSY PERFORMED?
또 프 프 프	MEDICAL CERTIFICATION	20o. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	SE WAS TRIBUTING		o injury		(Enter noture of injury	in Part I or Port II o	f item 18.)		
AL EXAMINER: execute the certification of the certi	MEDICAL		10		IJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fo ory, street, office bldg., e	orm, 20f. (Cit	ry or town)	(County)	(Stote)
at EXA execute ar. Page d far yar TOR: Pag		21. I certify	that I took charge ed fram: Natura	e af the ren	nains described			, Inspection			in my apinio
r Moc. Al Ex. please execute al director. Page retained for y L DIRECTOR: Page its designated		ACTUAL SIGNATURE	a ly	RCI	J, Allideni (	-1, 301C	CHIEF MEDIC	AL EXAMINER [	7	2:	2. DATE SIGNED
o DEPUTY MNC. AI EXAM necessary, please execute the funeral directar. Page 45 may be refained far your 5 FUNERAL DIRECTOR: Page Health ar its designated age		EXAMINER'S NAME (Type)	C. G. R	awley			DEPUTY MED	HCAL EXAMINER X	1	1/17/6 risfie	
TO DEPUTY  Decessary, if the funeral 5 may be replaced to FUNERAL  Health ar if	230	BURIAL, CREMATION REMOVAL (Specify)	1/19/		Chris				ON (City or Town)		
VR A15ME (5)	1	. FUNERAL DIRECTOR			ADDRESS W Churc		2So. RE	C'D BY REGISTRAR	0.69	TRAR'S SIGNATUR	udge



1 (M	MARYLAND STATE DEPARTMENT ( DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PREST	)F HEALTH ON STREET, BALTIMORF 1, MARYLAND
4 50 E	01308 CERTIFICATE OF DEAT	
death. funeral and 2 death.	1. PLACE OF DEATH 8. COUNTY 9. COUNTY	ENCE (Where deceased lived, if institution: Residence before admission)
hours after death d in by the funeral rs. Pages 1 and 2 thours after death		MD. b. COUNTY SOMERSET
aft y th sges s aff		(If outside corporate limits, write RURAL and give nearest town)
ours in b	Crisfield Life 116 S.	4tn St. /7./
the the	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRES	SS e. IS RESIDENCE ON A FARM?
icate be executed within 24 hours after physician and completely filled in by the family please remove carbon papers. Pages 1 val, and in any event, within 72 hours after	At Home Crisf	1eld Md. YES NO ₩
rithi bon wit	3. NAME DF First Middle Last DECEASED	4. DATE Month Day Year
d w car ent,	(Type or print) GEORGE R. MOORE  5. SEX 6. COLOR OR RACE   7. MARRIED MEDIAN MARRIED   8. DATE OF BURTH	DEATH Jan. Lo 1904
cute d co nove y ev	7. MARRIED 30 NEVER MARRIED 3	9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
and rem		1900   66 yrs.
be cian ase nd in	during most of working life, even if retired) INDUSTRY	COUNTRY?
ate hysi ple	Laborer Seafood Crisfie 13. FATHER'S NAME 14. MDTHER'S MA	
Certifica	William Moore Susan	
ā ( 📜 📜	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY NO.   17. INFORMANT	Address
The law requires that the death certificate be executed within or attending physician.  cate has been signed by the attending physician and completely r use as the burial-transit permit. Then please remove carbon lealth prior to burial, cremation, or removal, and in any event, with	(Yes, no, or unkown) (If yes give war or dates of service) Ella D.	Moore Cristield Md.
the the tree trailor	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 INTERVAL BETWEEN
lires that the t physician. I physician signed by t burial-transit burial-transit burial, crema	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL	INFARCTION FEW MIN
that sicla med med al-tra	HAUI DUE TO	
phy phy sig ouri	Conditions, if any, which   CONTINUE PRINTERIOSCLEROTIC HE.	ART DISEASE
aw require ttending phas been as the burn prior to bu	gave rise to immediate (cause (a), stating the DUE TO WITH PASSIVE CON	GESTION 12 YEARS
law rattend has the seas to as to prior	ander 13 th & out on 1 and 1	
ICIAN: The la toppital or att certificate he hed for use out. of Health p.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
al o al o fical fi	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature	YES NO
ATTENDING PHYSICIAN: retained by the hospital (CIOR: After this certificial should be detached for with the State Dept. of H	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature	or injury in Part 1 or Part 11 of Item 18.)
ING PHYSICI d by the hosp After this ce 1 be detached State Dept.		farm, 20f. (City or town) (County) (State)
th the state of th	Hour a.m. While Not While factory, street, office bldg	
(DING Pred by the After III he do		19 58, to 1/18, 19 67, that (I) (we) last
TEND ained OR: / nould	21. I certify that (I) (this hospital) attended the deceased from 9/12/, saw the deceased alive on 1967, and that death occurred a	112-
AT AT SECT	22a. SIGNATURE	22b, DATE SIGNED
AL OR nay be La DIRE page ?	G.M. Ban, M.D. M.D. ATTENDING N.D. PHYS.	MED. STAFF DIRECTOR PHYS.   1/21/67
ITAN ma ma f, po	22c. PHYSICIAN'S NAME (Type) 2 1/ 7) A P.O. A. T.	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creased and the state of the state	71.W. 13AKK, 17.D. LICIS	FIELD, MD.
TO HOSPITAL OR ATTENE Page 4 may be retaine O FUNERAL DIRECTOR: director, page 3 should should be filed with the	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	23d. LOCATION (City, town or county) (State)
P	Burial 1/22/67 Asbury 24. FUNERAL DIRECTOR ADDRESS 25a.	Crisfield ND. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
VR A15 (4)		JAN 24 1967 Icharles Judge
15M 4-64	ANTHONY E. WARD CRISFIELD MD. DATE	שליים ומטו



2	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01309 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01306
S to the funeral Page 5 may be tate Department ours after death.	1. PLACE OF DEATH a. COUNTY SOMETSET  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural (Kingston)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  Life  D. USUAL RESIDENCE (Whe/e deceased lived, if institution: Residence before admission) a. STATE Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Kingston Md  D. STREET ADDRESS  O. IS RESIDENCE ON A FARM?
If any del 1, 2, and n PM3. ith the S hin 72 ho	3. NAME OF DECEASED (Type or print)  Vera Wright Shockley  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10 - 23 - 34   Sex Months Days Hours Min.
after dea 8. Give Pa eng With eng With ang event	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  1aborer  132 yrs.  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  Brice Wright  14. MOTHER'S MAIDEN NAME  Bertha Brown
7, TE OF TE .	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT Mother  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Teneralized metatatic carcinoma of Omonths
EXAMINER: This certificate should be executed within the certificate, writing the word "pending" in pencil should be forwarded to the Chief Medical Examiner's files.  TOR: Page 3 should be used as a burial-transit permit. Its insignated agent, prior to burial, cremation, or removal	Conditions, if eny, which geve rise to immediate ceuse (a), stating the underlying cause last.  DUE TO  (b)  DUE TO  (c)
Re. This certificate shoul cate, writing the word forwarded to the Chief 3 should be used as a agent, prior to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED? YES NO EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.
EXAMINER: This are certificate, wr 4 should be forward ur files. ECTOR: Page 3 should be designated agent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) factory, street, office bidg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
ME: Recuts Page 4 for your L DIREC or its d	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER CONTROL OF THE SIGNED
TO DEPUTY M please exec director. Pr director. Pr retained for retained for of Health of	Address (Street, city, town, or county)  Address (Street, city, town or county)  Add

7 A # 8 1 10 --\$2 11 \$25 BOD 11 11 11 11 11 11 20000000 4/40 Yes - 50 250 The second secon dispersion of the semicons of the seminary of MANUAL. and a defect date of the strate of the control And the tracket of the problem of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01310 01307 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY Somerset Maryland Somerset MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Days Crisfield. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital 9 Cove Street DATE 3. NAME OF Middle Last Month Day OF. DECEASED Charl 40 Spires Jan. DEATH (Type ar print) IF UNDER 1 YEAR 9. AGE (In years S SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Male White WIDOWED DIVORCED 75 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign tountry)

c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NO X Year 1967 IF UNDER 24 HRS Hours 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Service Station Manager 12. CITIZEN OF WHAT INDUSTRY Elizabeth Citym MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mollie Barnes Charlie Spires 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) Addie Spires, Crisfield, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? MEDICAL CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While of work Jan 26, 1967, to Jan 31, 1967, that (1) (we) las 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at 12: 25, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF

ATTENDING M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Crisfield, Maryland Rawley, 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL CREMATION Burial Crisfield, Somerset Crisfield Cemetery 25b. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR

Crisfield, Md. DATE

VR A15 (4) 25M 1/67

director, page should be filed

TO FUNERAL DIRECTOR: After this certificate

be retained

TO HOSPITAL Poge 4 moy

death.

24 hours ofter

The law requires that the death certificate

attending

hospital or

icion and completely filled in by the funeral lease remove carbon papers. Pages 1 and and in any event, within 72 hours after death

physicion c

signed by the ottending physi burial-transit permit. Then pl burial, cremation, or removal,

as the hos been

for use Health

detached

